

MY SUMMARY OF PERFORMANCE

Background Information	Date Completed: _____
Name: _____	Date of Birth: _____
Year of Graduation/Exit: _____	
Address: _____ Telephone Number: _____	
(Street)	(City, State) (Zip code)
Primary Language or communication mode: _____ If English is not the young adult's primary language, what services were provided for this young adult as an English language learner?	

Section 1 My Post-school Goals for ONE YEAR AFTER HIGH SCHOOL	
Living	My Goal:
	School's Recommendation To Achieve Goal:
	Accommodations and/or Supports That May Assist in Achieving Goal:
Learning	My Goal:
	School's Recommendation To Achieve Goal:
	Accommodations and/or Supports That May Assist in Achieving Goal:
Working	My Goal:
	School's Recommendation To Achieve Goal:
	Accommodations and/or Supports That May Assist in Achieving Goal:

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Section 2 My Perceptions of My Disability	
Describing My Challenges:	My disability is:
My Disability's Impact:	On my school work such as assignments, projects, time on tests, grades:
	On school activities:
	On my mobility:
	On extra-curricular activities:
Supports	What works best, such as aids, adaptive equipment, or other services:
	What does not work best:
Accommodations That Worked for Me in High School	Setting: (distraction-free, special lighting, adaptive furniture, etc.)
	Timing/Scheduling: (flexible schedule, several sessions, frequent breaks, etc.)
	Response: (assistive technology, mark in booklet, Braille, colored overlays, dictate words to scribe, word processor, tape responses, etc.)
	Presentation: (large print, Braille, assistive devices, magnifier, read or sign items, calculator, re-read directions, etc.)

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Section 3 The School's Perspective of My Disability		
<p style="text-align: center;">Educator Provided Disability Impact Summary on Academic Achievement and Functional Performance</p> <p>(e.g., general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment)</p>	Area of Functioning	Disability Impact
	General Ability and Problem Solving	
	Academics	
	Learning Skills	
	Communications	
	Social Skills and Behavior	
	Mobility	
	Independent Living Skills	
	Self-Determination Skills	
	Career/Vocational Preparation	
<p style="text-align: center;">Educator Provided Summary of Successful Accommodations and Supports used in High School</p>	Accommodation Type	Description of Support

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Section 4

School Produced Summary of My Academic Achievement and Functional Performance

Attach written copy of most recent assessment reports. A report does not have to be provided for each area. Only attach those reports used to document disability. NOTE: Postsecondary education programs rely upon assessments based on adult norms.

Documentation of My Disability:	Type of Documentation	Assessment Name	Dates Administered
	Psychological/Cognitive		
	Neuropsychological		
	Medical/Physical		
	Communication		
Other Assessments	Type of Documentation	Assessment Name	Dates Administered
	Achievement/Academic		
	Adaptive Behavior		
	Social/Interpersonal		
	Communication/Speech/Language		
	Response to Intervention		
	Career/Vocational/Transition		
	Community-based assessments		
	Self-determination assessments		
	Assistive technology		
	Classroom observations		
	Independent Living		
	Other:		

Team Participant Signatures:			
Name	Title	Name	Title
	Student		Parent(s)
	Special Education Teacher		Administrative Representative
	Regular Classroom Teacher		Other Service Provider